

Step 6
Make sure your children who live away from home use network providers when available

If your child is away at school or lives with another parent outside your home network, you should call Member Services and ask if there is an Open Choice network at that location. If so, ask the representative to send you a provider directory for the area so that your child can use network providers. If your child's school or home is not in an Open Choice network, ask Member Services if there is one nearby. If your child is willing to travel to see network providers, benefits will be paid at the preferred level.

If a network is not available, your child's benefits will be paid at the Traditional Choice® indemnity plan level of benefits. Traditional Choice is being offered to those employees who do not live in an area where a managed care plan is available. It allows you to select any licensed physician you wish when you need care. Once an annual deductible is met, the plan typically pays 80% of the expense, based on reasonable and customary charges, and you pay the balance. To be reimbursed for covered expenses, you must first

Step 7
Learn the facts about non-preferred benefits



Whenever a non-network doctor provides your care, you get the non-preferred level of benefits. *It's very important to know the difference between the two levels of benefits.* Here's how the plan works for non-network care:

- You must meet a \$400 deductible before the plan begins to pay benefits.
- You pay the provider, then submit a claim form to Aetna U.S. Healthcare for reimbursement.
- The plan pays 70% of the reasonable and customary charge for covered services. If the doctor charges more than the reasonable and customary charge, you must also pay the difference. (The reasonable and customary amount is the prevailing rate for medical services in your community.)

Open Choice Preferred Care Features:

submit a claim form to Aetna U.S. Healthcare. Contact your Human Resources Representative and inform them of any dependent that fits this category. The child's eligibility must be documented as Traditional Choice in order to receive this level of benefits.



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- Coverage is *not* available for preventive care, including physical exams, OB/GYN exams, well-baby care, mammograms, and routine eye and hearing exams.
- If your doctor wants to admit you to the hospital, you must call Aetna U.S. Healthcare for precertification and approval. Failure to precertify a hospital admission when required will result in a \$500 penalty.

Step 8
Call Aetna U.S. Healthcare Member Services

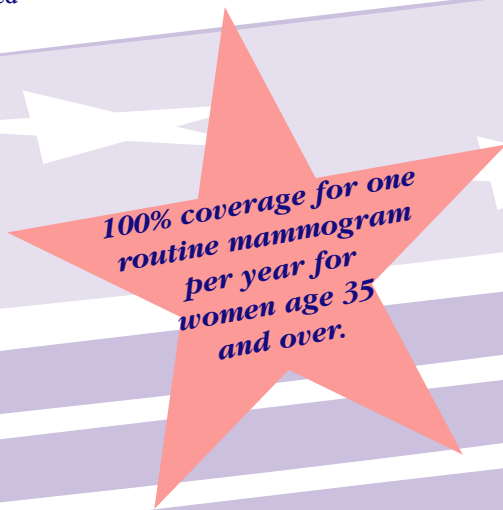
Here's a great plan feature, one you can use often. It's Aetna U.S. Healthcare Member Services, a toll-free information service. Call Member Services at 1-800-367-6276 for answers to many kinds of questions – *confidentially*. You will speak to an Aetna U.S. Healthcare representative and anything you tell the representative is kept completely private.

- You can call Member Services from 8 a.m. to 6 p.m. Monday through Friday, Central time. Here are just a few of the many reasons you will want to call:
- For information about network doctors and hospitals, including the doctor's credentials and whether he or she is accepting new patients
 - For answers to general health questions
 - For information about benefits under your plan
 - To precertify hospital care, if required

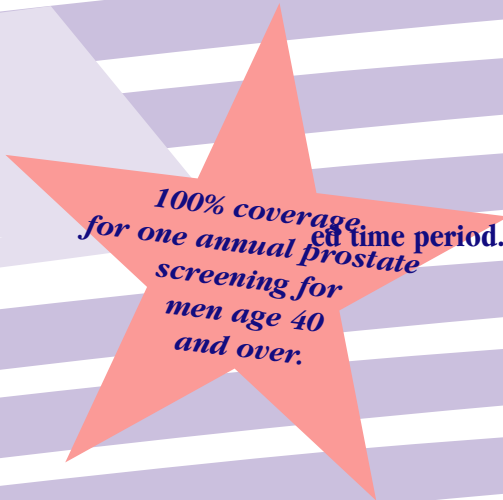
Prescription Drug Benefits

Your prescription drugs will be covered under the Aetna U.S. Healthcare Pharmacy Management Program (APM). APM is a valuable benefit. It is a network of 47,000 pharmacies nationwide that fill prescriptions at significant savings. Just show your Aetna ID card at any participating pharmacy. Your \$5 copay is payment in full for up to a 30-day supply of generic drugs. If no generic drug is available or *if your doctor specifies* a brand-name drug, you pay a \$15 copay for brand-name drugs. If *you* wish to obtain a brand-name prescription when a generic equivalent is available, you will pay a \$15 copay plus the difference in price between the brand-name and the generic. The copay is paid to the pharmacy at the time of your purchase.

With APM, there are no deductibles to meet and no claim forms to complete. Network pharmacists keep track of your prescriptions. This helps to protect you against harmful drug interactions.



100% coverage for one routine mammogram per year for women age 35 and over.



100% coverage, at time period, for one annual prostate screening for men age 40 and over.

There is no coverage for prescription drugs purchased at non-participating pharmacies in the United States. For prescriptions that are filled overseas, you will need to complete a claim form to be reimbursed. The plan pays 100% after the deductible for generics and 80% after the deductible for brand-name medications purchased overseas.



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For long-term medication (up to a 90-day supply), you may use the Express Pharmacy Services mail-order drug program which also offers significant savings. Generic drugs are covered for a \$5 copay. Brand-name drugs are covered for a \$15 copay. The generic substitution rule described for APM also applies to the mail-order program. If *you* wish to obtain a brand-name prescription when a generic equivalent is available, you will pay a \$15 copay plus the difference in price between the brand-name and the generic.

Vision One® Discount Program

You and your covered dependents will be automatically enrolled in the Vision One® discount program when your Open Choice coverage takes effect. Vision One offers discounts of 20-70% on eyeglasses, contact lenses, nonprescription sunglasses, contact lens solutions and accessories. To receive discounts, visit any Vision One location and show your medical plan ID card. The discount will be



applied at the time of purchase. For more information or to find the nearest Vision One location, call 1-800-793-8616 weekdays from 9 a.m. to 9 p.m. or on Saturdays from 9 a.m. to 5 p.m. Eastern time. See the enclosed pamphlet for more information about the Vision One Program.

Natural Alternatives™ Discount Program

If you and your covered dependents wish to receive chiropractic care (beyond your medical plan coverage), acupuncture, massage therapy or nutrition counseling, the Natural Alternatives program can help you save money. This discount program is available to you automatically once you enroll in Open Choice.

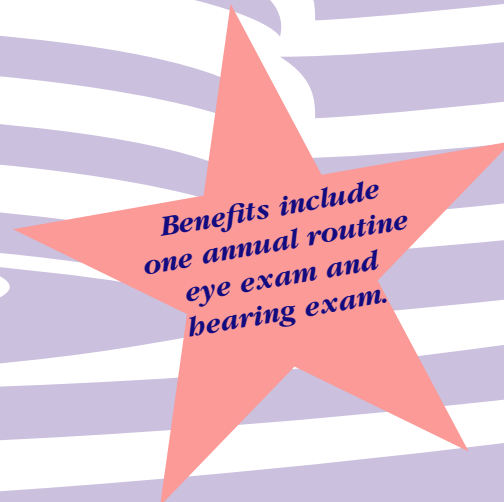
To use the program, you simply visit one of the participating providers, then pay the special discounted fee at the provider's office when you receive the service. The program also offers savings on vitamins, herbal supplements, and health-related books and magazines that you may order through our mail-order vendor.

For further information and for the names of participating providers in your area, call Natural Alternatives at 1-800-355-9263.

The National Medical Excellence® Program

For extremely complex medical procedures, Open Choice includes Aetna U.S. Healthcare's National Medical Excellence Program. This voluntary program is available if your network provider says you need to have a highly specialized medical procedure performed, such as an organ transplant. Coverage includes surgery for organ and tissue transplants such as heart, lung, liver, bone marrow, kidney or pancreas. Certain combinations of these organs are also covered.

The procedure will be performed at a National Medical Excellence program hospital. These hospitals have national reputations for their skill at certain types of organ transplants and complex medical care. Surgical teams in these hospitals perform many of these specialized procedures and have a proven track record of success.



Benefits include one annual routine eye exam and hearing exam.



Preferred providers file your claims and begin the precertification process when required.

Everyone Needs To Enroll

Important! Everyone must enroll in order to have coverage under the Department of Defense NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment Season to enroll in the plan, unless you have a valid Family Status Change (such as marriage, divorce, birth or adoption).

To enroll, please complete the enclosed enrollment form and return it to your local Human Resources Representative within the specifi



If you enroll in Open Choice, you may also enroll in the dental plan. The dental plan offers comprehensive coverage and gives you the freedom to use any dentist you wish. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a share of the expense, depending on the service you receive. After you receive a dental care service, submit a claim form to Aetna for reimbursement of covered expenses. Please refer to the enclosed Dental Plan Summary of Benefits for information about how dental services are covered under the plan.

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**The Department of Defense
Nonappropriated Fund
Health Benefits Program**